DELINEATION OF CLINICAL PRIVILEGES - CLINICAL PSYCHOLOGY
(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I.
Practitioner has completed pre-doctoral internship, but has not yet completed degree requirements for Ph.D. or Psy.D. in clinical or counseling psychology. Graduate program and internship must meet requirements of *DA Pam 611-21*. Assists in performance of psychological and other services and works under the supervision of a licensed psychologist.

Requested	Approved	
		Category I clinical privileges

Category II. Includes Category I.
Practitioner has Ph.D. or Psy.D. in clinical or counseling psychology, but is not yet licensed. Graduate program and internship must meet requirements of *DA Pam 611-21*. Provides full range of psychological services as qualified to deliver by virtue of training. Participates in team delivery of services, research and teaching. Receives licensure-qualifying supervision from licensed psychologist.

Requested	Approved	
		Category II clinical privileges

Category III. Includes Categories I and II.
Practitioner has Ph.D. or Psy.D. in clinical or counseling psychology and is licensed. Graduate program and internship must meet requirements of *DA Pam 611-21*. Recognized as possessing high level of skill in psychological assessment, intervention, and administration of services. Delivers psychological services to individuals and treatment teams. May be appointed supervising psychologist for Category I and II.

Requested	Approved	
		Category III clinical privileges

Category IV. Includes Categories I, II and III.
Practitioner has Ph.D. or Psy.D. in clinical or counseling psychology and is licensed and ABPP board certified. Graduate program and internship must meet requirements of DA Pam 611-21. Recognized as possessing the highest level of skill in psychological assessment, intervention, and administration. May be appointed as supervising psychologist for Category I and II.

Requested	Approved	
		Category IV clinical privileges

PRIVILEGES REQUESTED

Psychological Assessment and Diagnosis

Requested	Approved		Requested	Approved	
		a. Child			d. Neuropsychological
		b. Adult			e. Substance abuse
		c. Forensic			

Outpatient Therapy Services

Requested	Approved		Requested	Approved	
		a. Individual			g. Geriatric
		b. Group			h. Crisis intervention
		c. Marital			i. Sexual dysfunction
		d. Family			j. Substance abuse
		e. Child			k. Sexual offender *(pedophelia, incest, sexual assault)*
		f. Adolescent			

Health Psychology Services

Requested	Approved		Requested	Approved	
		a. Clinical hypnosis			
		b. Biofeedback			
		c. Psychological interventions in medical setting			

Inpatient Psychological Services

Requested	Approved		Requested	Approved	
		a. Inpatient admission			e. Alcohol/drug residential treatment
		b. Inpatient treatment and consultation			
		c. Inpatient discharge consultation			
		d. Assists in inpatient management of mental disorders			

Consultation

Requested	Approved		Requested	Approved	
		a. Command			e. School
		b. Command-directed referral/evaluation			
		c. Community organizations			
		d. Medical/surgical			

Other Specified Services

Requested	Approved		Requested	Approved	
		a. Disaster relief			e. Combat stress control
		b. Personnel assessment and selection			f. Behavioral research
		c. SERE psychology-qualified*			
		d. Aeromedical psychology			

*NOTE: SERE psychology qualification requires additional credentialing requirements by the DoD/Joint Personnel Recovery Agency

COMMENTS

	SIGNATURE OF PROVIDER	DATE (YYYYMMDD)

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐   Approval with Modifications (Specify below) ☐   Disapproval (Specify below) ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF (Typed name and title)	SIGNATURE	DATE (YYYYMMDD)

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐   Approval with Modifications (Specify below) ☐   Disapproval (Specify below) ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON (Name and rank)	SIGNATURE	DATE (YYYYMMDD)

EVALUATION OF CLINICAL PRIVILEGES - CLINICAL PSYCHOLOGY
(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)*	
		FROM	TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*		

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	Category IV clinical privileges			
	Psychological Assessment and Diagnosis			
	a. Child			
	b. Adult			
	c. Forensic			
	d. Neuropsychological			
	e. Substance abuse			
	Outpatient Therapy Services			
	a. Individual			
	b. Group			
	c. Marital			
	d. Family			
	e. Child			
	f. Adolescent			
	g. Geriatric			
	h. Crisis intervention			
	i. Sexual dysfunction			
	j. Substance abuse			
	k. Sexual offender *(pedophelia, incest, sexual assault)*			
	Health Psychology Services			
	a. Clinical hypnosis			
	b. Biofeedback			
	c. Psychological interventions in medical setting			
	Inpatient Psychological Services			
	a. Inpatient admission			
	b. Inpatient treatment and consultation			

CODE	Inpatient Psychological Services *(Continued)*	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	c. Inpatient discharge consultation			
	d. Assists in inpatient management of mental disorders			
	e. Alcohol/drug residential treatment			
	Consultation			
	a. Command			
	b. Command-directed referral/evaluation			
	c. Community organizations			
	d. Medical/surgical			
	e. School			
	Other Specified Services			
	a. Disaster relief			
	b. Personnel assessment and selection			
	c. SERE psychology-qualified*			
	d. Aeromedical psychology			
	e. Combat stress control			
	f. Behavioral research			

*NOTE: SERE psychology qualification requires additional credentialing requirements by the DoD/Joint Personnel Recovery Agency

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*